UTILITY PATENT APPLICATION	ATTORNEY DOCKET 82678BF-P
TRANSMITTAL UNDER 37 CFR 1.53(b)	Customer No. 01333
To: Mail Stop Patent Application	Express Mail Label No.
Commissioner for Patents	P =
P.O. Box 1450	EV 293 538 055 US
Alexandria, VA 22313-1450	Date: Sume 23, 2003
AUTHENTICATION USING NEAR-FIELD	Date: Auto x 7, 2000
OPTICAL IMAGING	101 = 0
	177
First Named Inventor (or Application Identifier):	, and the second
David L. Patton, et al	
Enclosed are:	
1. X Specification	6. Assignment of the invention to
2. Sheet(s) of drawing(s)	7. X Preliminary Remarks
3. X Information Disclosure Statement Under 37 CFR	1.97. 8. Associate Power of Attorney
4. Combined Declaration for Patent Application and Power	of Attorney:
4a. New	
4b. X Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)	
5. X Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).	
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named	
which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and	
is considered as being part of the disclosure of the accompanying 1.33(b).	
application and is hereby incorporated by reference therein.  10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,	
after the title, by inserting the following:	
CROSS REFERENCE TO RELATED APPLICATION	
Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled.	
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:	
11. X Continuation Divisional Continuation	on-in-part (CIP) of prior application No: <u>09/920,972</u> ,
12. X Please address all written communications to Milton S. Sales, Patent Legal Staff,	
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.	
Please Direct all telephone calls to Frank Pincelli at (585) 588-2728.	
The filing fee has been calculated as shown below:	
FOR: NO. FILED NO. EXT	RA RATE FEE \$750
BASIC FEE  TOTAL CLAIMS  12 - 20 = 0	x 18 = $0$
INDEPENDENT CLAIMS 3 - 3 = 0	x 84 = \$0
MULTIPLE DEPENDENT CLAIM PRESENTED	+ 280 \$0
	<b>TOTAL</b> \$ 750
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 750.	
A duplicate copy of this sheet is enclosed	
X The Commissioner is hereby authorized to charge any additional filing fees required under	
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .	
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Freels Directli/di	
Attorney for Applicants	
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